

STATEMENT OF
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SECRETARY OF VETERANS AFFAIRS
BEFORE THE
COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE
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Mr. Chairman and Members of the Committee:

I am pleased to appear before you today to discuss VA programs designed to assist Native American veterans. During the seven years since the Department of Veterans Affairs last appeared before this Committee, VA has expanded and improved the array of benefits and services available to assist Native American veterans. I am proud to testify today about the many significant programs that assist Native American veterans.

Native Americans have a great tradition of military service to our Nation. The annals of our armed forces chronicle the deeds and brave exploits of Native American fighting men and women. The story of the Navajo Code Talkers of World War II is but one example of the important contributions Native Americans have made to America's success in battle.

According to the 1990 census, the number of living Native American veterans, which includes American Indians and Alaska natives is about 190,000. It also identified more than 19,000 Native Hawaiian veterans. The greatest concentration of Native American veterans is in the southwestern United States and the states of California and Washington. As you are aware, the VA is responsible for administering a broad spectrum of benefits, services, and programs to assist eligible veterans, their dependents, and survivors. However, there is only one specific program established exclusively for Native American Veterans – that is the Native American Veterans Direct Loan program, which I will cover in greater detail later.

In 1992, as directed by the Congress in Public Law 103-446, I established the Center for Minority Veterans. The Center monitors and reviews VA policies, programs, benefits, services and activities as they relate to minority veterans, and promotes minority veterans' use of VA benefits, programs and services. The Department, through the work of the Center as well as other VA components, has made tremendous progress identifying the specific needs of Native American veterans and developing initiatives to meet those needs.

NATIVE AMERICAN DIRECT LOAN PILOT PROGRAM

Mr. Chairman, you requested information regarding the implementation of section 8 of Public Law 102-547, enacted in 1992. That legislation established the Native American Veteran Direct Loan Pilot Program, which authorizes VA to make direct home loans to Native American veterans living on trust lands. As you know, VA has for over 50 years conducted a very popular guaranteed loan program, in which private mortgage lenders make loans to veterans and VA guarantees a certain percentage of the loan amount to the lender, in lieu of a downpayment from the veteran.

In 1990, pursuant to section 312 of Public Law 101-237, VA and the Department of Interior contracted with the consulting firm, Booz, Allen & Hamilton, Inc., to conduct a study on the utilization of the VA's home loan benefit by Native American veterans.

As the study indicated, Native American veterans had been unable to obtain VA guaranteed home loans on trust lands. The primary barrier was the nature of trust land ownership, which typically precludes foreclosure and sale on the open market to non-tribe members. Other barriers included below-average incomes and relatively little credit experience, difficulties in servicing loans, especially in remote areas, and difficulties in foreclosing through tribal courts or otherwise. Native Americans have encountered similar problems in obtaining financing for homeownership through Federal Housing Administration lending programs and through conventional lenders. Public Law 102-547 was enacted to test whether these problems could be overcome by a program of direct loans available to Native Americans living on trust lands. The authority for this pilot program will expire on September 30, 1997. We propose to extend this authority for an additional two years, in order to enable us to better evaluate the success of the direct-loan approach.

Under this program VA may make a loan to a Native American veteran for a home on trust lands only where VA has entered into a Memorandum of Understanding (MOU) with the Tribal entity that has jurisdiction over the trust land. These MOUs must provide for certain aspects of the administration of the loans, including a foreclosure process that affords the VA reasonable protection in the event of default. Currently, VA has entered into a total of 47 MOUs --- 43 with Indian Tribes and 4 with Pacific Islanders. A total of 126 loans have been made to Native American veterans for the purchase, construction or improvement of dwellings on trust land. Approximately 90 loan applications are currently pending. Many of these are for homes that are under construction, and the loans will close when the homes are completed.

Loans made under this program may not be in excess of \$80,000, unless a specific waiver of this limitation has been granted to the Tribe. Increased loan limits may be approved in areas in which there is an unusually high cost of living, or where construction expenses are exceedingly costly. To date, four trust territories, all in the Pacific, have requested an increased loan limit of \$120,000,

based on high housing and construction costs. Eighty-six direct loans have been made in excess of the \$80,000 limit in Hawaii or the Pacific Islands.

Under a provision enacted in 1996, seven Native American veterans have been able to refinance existing loans made under this program. This number of refinancing loans represents 100 percent of Native American veterans eligible to receive an interest rate reduction refinancing loan under this legislation. In order to refinance a loan made under the pilot program, the new loan must bear an interest rate at least one percentage point less than the interest rate on the loan being refinanced. In light of the prevailing interest rates, only those veterans with direct loans in excess of 9 percent would be eligible to refinance their current VA direct loan.

I am happy to report that loan recipients have been very responsible about repaying their obligations under this program. Only four loans, have had any serious delinquency problems. One of the four has been brought current. The second is seven months delinquent, due to a curtailment of the veteran's income. We expect to resolve this without foreclosure action. The third is four months delinquent, due to a curtailment of income. The veteran is on a repayment plan, and we do not anticipate further problems. The fourth is also four months delinquent, due to unemployment and medical expenses. The problem has been remedied and a repayment plan is in effect. We wish to point out that 122 veterans, or 97 percent of the loan recipients under this program, are making timely payments in accordance with the terms of their loans.

VA field personnel and Central Office staff conduct outreach efforts on a continuous basis to promote the Direct Loan Program. We began our outreach efforts by sending announcements of the Native American Veteran Direct Loan Program to approximately 675 individuals and groups identified by the U.S. Bureau of Indian Affairs as representatives of all federally-recognized tribes, and to other authorities and individuals representing Pacific Islanders, Native American interest groups, and Indian Housing Authorities. Included with the announcement was a prototype Memorandum of Understanding for tribes to review and use in preparing their own MOUs, as well as copies of VA Pamphlet 26-93-1, VA Direct Home Loans for Native American Veterans Living on Trust Lands. Both the announcement letter and the pamphlet explained who was eligible for the program and the prerequisite that an MOU be signed between VA and the tribe, and provided regional contacts for more information.

We continue our outreach efforts on several levels. VA personnel have met, on numerous occasions, with representatives of individual tribes, Native American organizations, including the National American Indian Housing Council, the American Indian Trade and Development Council, and the American Indian Veterans Center, Inc. to discuss the Direct Loan Program. We have attended conferences held by the American Indian Housing Council and the National Indian Policy Center. Meetings have also been held between VA and

representatives of the Bureau of Indian Affairs. VA has also been an active participant in the Department of Housing and Urban Development's National Homeownership Conferences for Native Americans sponsored by HUD's Office of Native American Programs.

Our Regional Offices which have trust territory within their jurisdiction have been proactive in conducting outreach. They have sponsored and attended workshops on trust territory for veterans and tribal housing authorities, met with tribal leaders to discuss the program, met with BIA Area Office staff, arranged for the publication of articles in tribal newsletters, general information mailings to tribal veterans and mailings to tribal leaders to identify eligible veterans.

When the Native American Veteran Direct Loan Program was established, we received appropriations of \$5 million. Budget forecasts estimated that this would support direct loans totaling \$58.4 million. To date, 126 loans have been made, for a total of \$14.9 million. In addition, we are currently advancing funds to cover construction costs for several more homes on trust territories. As soon as construction is complete, these loans will be closed.

We support a two-year extension of the Native American Veteran Direct Loan Pilot Program for several reasons. First, in light of the time-consuming groundwork that had to be done before we could start making loans under this program, the first loan was not made until February 18, 1994. A two-year extension of the program will provide us with additional time to assess the performance of the existing loans as they mature. Second, we want additional time to make loans available to more Native American veterans whose personal situations may not have permitted them to make an earlier decision to buy a home. Third, an extension will enable us to demonstrate to private lenders that there is a market for private mortgages on trust lands.

Based on current projections, at the end of this fiscal year VA will have remaining \$2.575 million of the original subsidy appropriation. Therefore, a two-year extension will not require any additional appropriations.

ACCESS TO AND AVAILABILITY OF HEALTH CARE

In the health care arena, VA provides a continuum of care to eligible veterans through a network of medical centers, outpatient clinics, domiciliaries and Vet Centers. VA recognizes that Native Americans and other veterans live considerable distances from our medical facilities. To address this problem, we have increased the number of access points where veterans can receive health-care services. VA is using its sharing authority with Department of Defense, the Indian Health Service (IHS), and other federal health care providers to improve health care access for Native American veterans. An example of this is the IHS Service Unit in Parker, AZ, on the reservation of the Colorado River Indian Tribes. It has been the site of the Prescott Mobile Health Clinic since 1993. This

clinic provides primary care to Indian and non-Indian veterans from the surrounding community and is operated under a Memorandum of Agreement between the Prescott, Arizona, VA medical center and the IHS. Similarly the IHS hospital on the Rosebud Reservation will be the site of a monthly wellness clinic for Indian and non-Indian veterans under a pending Memorandum of Agreement between the Black Hills Health Care System and the IHS.

Recently the VA Center for Minority Veterans worked with the Oneida Community Health Center to develop a sharing agreement proposal for review and approval by the Milwaukee VA Medical Center. This agreement would enable us to provide medical care at a location convenient to veterans who are members of the Oneida Tribe of Indians of Wisconsin. The VA Black Hills Health Care System has established six community based health-care clinics throughout South Dakota, putting VA medical care closer to reservations where Native American veterans live. The Fort Harrison, Montana, VA Medical Center has entered an agreement with the Public Health Service Hospital at Browning to provide community based treatment, while VA provides inpatient care. In addition, the Fort Harrison VAMC sponsors the Annual Native American Youth Olympics with the Montana National Guard and provides support and the site for the Annual Big Sky POW WOW. At the Grand Junction, Colorado, VAMC, the tribal council provides transportation to Native American veterans from the Duchesne Reservation in eastern Utah to the medical center.

Two of our medical centers, Prescott and Phoenix, have Native American Traditional Counselors who provide an array of traditional Native counseling and ceremonial services under fee-basis appointments. Counselors incorporate traditional Native services into veterans' overall treatment plans.

The Operation Desert Foot/PACT (Prevention/Amputation Care and Treatment) program evolved through collaborative efforts of the Prosthetics and Surgical Departments of the Phoenix VAMC. Since 1994, team members have visited the Navajo Nation to perform screenings on Native American veterans who may be at risk for amputation due to peripheral vascular disease. The program is being extended to the Hopi veterans in Arizona.

Since the 1980s, VA has included culture unique training in the area of mental health (e.g., Post-traumatic Stress Disorder [PTSD]) care for Native American veterans. Since the National Vietnam Veterans Readjustment Study did not include a special focus on Native American veterans, Congress, in Public Law 101-507, mandated the Matsunaga Vietnam Veterans Project (MVVP). Under the MVVP, VA's National Center for PTSD has conducted an epidemiological study among American Indian and Asian-Pacific Islander Vietnam veterans. The study is completed and is in the process of publication. We now know, as a result of this study, that Native American Indian veterans have a greater incidence of PTSD than other veterans. We have established several working

groups to respond to the Matsunaga findings and to ensure that issues raised in the study are appropriately addressed.

With regard to clinical programs, there exist a variety of locally developed activities, focusing particularly on substance abuse and PTSD treatment as well as general psychiatry. We recognize the importance of traditional Native American healing practices and have incorporated these methods in our western mental health approaches to treating Native American veterans. It also should be noted that the Pacific Center for PTSD was created to specifically address the clinical, research and educational issues related to PTSD in Asian-Pacific Islanders including Native Hawaiians. The Pacific Center, located on the island of Oahu, is a part of the National Center for PTSD, and participated in the Matsunaga Study. Clinical PTSD services for Native Hawaiians are provided through a PTSD Clinical Team on Oahu, a PTSD Residential Rehabilitation Program on Hilo and through a group of mental health clinics on the neighbor islands.

More tribal governments are seeking programs to address the problem of homelessness and alcohol and substance abuse among their veteran population. The VA Homeless Providers Grant and Per Diem Program, a nation-wide program of grants to non-VA providers who treat homeless veterans, has three projects specifically focused on Native American Veterans: Rosebud Sioux Tribe, Rosebud, SD; Standing Rock Sioux Tribe, North Dakota, and the Seattle Indian Center project in Seattle, WA. We realize that substance abuse is a major problem for veterans living on trust lands and have initiated the following activities and programs to address this serious matter around the country.

Vet Center Services to Native American Veterans

The implementation of treatment for PTSD identified within the Matsunaga study will be the responsibility of the Readjustment Counseling Service (RCS) and Mental Health and Behavioral Science (MHBS). Our Vet Centers have, since their inception, played a major role in the delivery of care and outreach to Native American veterans.

The mission of the Vet Centers is to provide quality outreach and treatment of military related readjustment problems. It has excelled at treating the combat veterans' psychological war wounds and assisting them with their post-war readjustment to civilian life. The Vet Centers' community-based service delivery system is essential. Effective achievement of post-war readjustment involves an understanding of the nature and impact of the veteran's traumatic war experiences and the social conditions of the particular community to which the veteran is returning to live and work as a citizen. Vet Center services include community outreach and education, psychological counseling for PTSD (individual, group and family), supportive social services, case management/brokering and referrals. These services are provided by small

team staff, community-based units emphasizing post-war rehabilitation in an informal, non-medical setting. The nature of the program requires that Vet Center counselors understand and appreciate the social, cultural and economic diversity of American society and our veterans. For this purpose, careful attention is paid to culture, socio-economic and gender differences among various veteran populations in tailoring the mix of outreach and counseling services in relation to local need. Many Vet Centers located in proximity to Native American populations maintain outreach and counseling initiatives specifically attuned to serve these veterans and their families, such as attending POW WOWS, Sun Dances, and other cultural events. Nine examples of Vet Center outreach efforts are attached to this statement (Attachment A).

The Readjustment Counseling Service policy regarding Vet Center team composition specifies that, to the fullest extent feasible, Vet Center teams be tailored to the needs of the particular veteran community which is being served. Teams are planned and selected to ensure familiarity with the Vietnam and other eligible veterans' wartime experience, and an understanding of the special needs of ethnic minority, disabled and women veterans, and other populations requiring special services. Selecting officials strive to recruit in such a fashion that eligible theater veterans, and ethnic minorities and women are well represented. The Vet Centers have long recognized the important role played by ethnic minority service providers with particular reference to outreach and counseling of minority veterans, and to enhanced family counseling and other community services. Native American, Asian American, and Pacific Islander Vet Center staff levels are equal to or slightly higher than the general levels of those groups in the theater veteran populations eligible for Vet Center services.

Native American staff constitute 1.6 percent of team leaders, 2.9 percent of counselors, 1.5 percent of office managers and 2.3 percent of all Vet Center staff. Asian American, Hawaiian and Pacific Islander staff constitute 2.7 percent of team leaders, 0.7 percent of counselors, and 3.6 percent of office managers, and 1.8 percent of all Vet Center staff.

To assist in the objective of ensuring quality services to minority veterans, RCS has in place eight special population working groups, each composed of several Vet Center staff representatives of the respective populations. Several factors prompted formation of the working groups, including the need to improve recruitment and retention of staff from special populations and the need to assure effective outreach and counseling services to these identified groups. The RCS Native American Veterans Working Group, one of the first to be initiated, has been in existence since 1983. The Working Group provides educational workshops to other Vet Center staff, develops recruitment strategies, and serves as consultants regarding outreach and counseling methods specific to the needs of Native American veterans. This Working Group published a comprehensive report on American Indian culture and service provision in May 1992 (attached). The Asian American/Pacific Islander Working Group was established in 1989 in

conjunction with the opening of the four Hawaii Neighbor Island Vet Centers on Kauai, Maui and Hawaii. It is anticipated that this Working Group's published report will be available by the end of the year. In addition to the direct contribution of the Working Groups, many articles by Vet Center staff on Native American veterans have been featured in the Vet Center VOICE over the years.

As noted above, in fiscal year 1996, Vet Centers system-wide saw a total of 151,581 unique veterans and provided a total of 760,092 visits to veterans and family members. Of this total, the number of visits provided to Native American veteran groups was as follows: Native Hawaiian/Pacific Islander 7,601 visits, and Native North American (including Alaskan Natives) 15,962 visits.

The Prescott, Arizona, Vet Center outstation in Keams Canyon, Arizona, on the Hopi Indian reservation was the first VA facility to be located on reservation lands. The outstation has been in operation for five years and features extensive outreach to veterans living in a rural and widely dispersed environment, indigenous Native American service providers, culturally sensitive counseling services and a broad range of supportive and case management services. A second Vet Center outstation based upon this model will be opened in Chinle, Arizona, on the Navajo reservation later this year. Other sites are under consideration for similar development as Vet Center outstations on Native American reservation lands. All such initiatives will be staffed by Native American service providers and will provide a broad base of outreach and case management as well as direct counseling and family services. Vet Center services on reservation lands will also maintain sensitivity to the local culture and collaborate with native healing philosophies and practices.

The Readjustment Counseling Service provides the administrative support for VA's Advisory Committee on the Readjustment of Veterans, recently made statutory by the provisions of Public Law 104-262. This Committee consists of a group of war-zone veterans who function as consumer representatives in assisting VA to improve its services to veterans. The Committee's area of responsibility includes all VA services and programs which contribute to veterans' post-war readjustment such as Vet Center operations; VAMC-based PTSD programs; other social and mental health problems related to war-zone stress such as depression, substance abuse, family difficulties, and unemployment; VA compensation and pension for PTSD; access to care for minority and women veterans, and the psycho-social problems of physically disabled veterans. To ensure adequate veteran representation, the Committee's composition reflects a broad base of membership from veteran service organizations, and women and minority veterans, which includes a three-tour Vietnam combat veteran who is a member of the Lakota Sioux tribe. The Committee has conducted field visits to Native American reservations, one to the Hopi Reservation in 1994 and also to three reservations in western Washington in 1996.

OUTREACH TO NATIVE AMERICAN VETERANS

Through the efforts of the Center for Minority Veterans, VA has significantly improved its outreach to Native American veterans. The Center oversees more than 250 Minority Veteran Program Coordinators who are located at many of VA's field facilities. These employees spearhead the Centers and VA's outreach initiative. The Coordinators are the front-line advocates and ground breakers for local outreach activities. Many of these coordinators are Native Americans who have easier access to tribal leaders, and understand the culture and tradition necessary to effective outreach, especially on Indian Reservations.

The Center has expanded its involvement with the National Congress of American Indians. They have opened lines of communication with many Native American veteran's organizations and groups and provides information and data about Native American veterans upon request. The Center has worked for the past 2 years to increase the number of VA employees attending cultural training at the annual Camp Chaparral PTSD training which is hosted by the Yakima Nation. This training program is run exclusively by Native American Indians and is designed to help our employees better understand, treat and care for Indian veterans with PTSD. Another initiative of the Center focuses on training more Native American veterans to be tribal veteran representatives. Three of our regional benefits offices, Denver, Phoenix, and St. Petersburg have hosted training for tribal veterans representative. In addition, two veteran service organizations have expressed an interest in training Native American veteran representatives. This initiative, we hope, will help educate more veterans about their entitlements and assist them in preparing better claims with documentation.

The Center has worked with the VA Readjustment Counseling Service to establish more counseling to Native American veterans. Readjustment Counseling Service has established Vet Centers on the Yakima and Hopi reservations. A new Vet Center located on the Navajo reservation at Chinle, AZ, will open this year, after two counselors are hired. Additional reservation sites are being explored.

Other VA initiatives to insure that we put veterans first have increased the trust that Indian veterans have in the VA. I have appointed two Native American veterans to serve on the Advisory Committee on Minority Veterans. These members provide me invaluable advice concerning issues of concern to Native American veterans. I plan to expand the Advisory Committee to include additional Indian members to allow broader representation of the over 500 federally-recognized tribes.

VA Health Services Research and Development Service is funding several investigator-initiated research projects under a category entitled "The Role of Ethnicity and Culture in VA Health Care." This past cycle, three project proposals were reviewed that focused on Native American Health care issues.

Although none of these projects were approved for funding this cycle, I was pleased to see the degree of interest in Native American health care issues.

OTHER EFFORTS TO RESPOND TO NATIVE AMERICAN VETERANS NEEDS

In August 1994, I signed a letter to all top VA officials to reinforce President Clinton's Executive Memorandum about Government-to-Government Relations with Native American Tribal Governments. In my letter, I reminded VA officials that all VA employees need to be knowledgeable, sensitive and respectful when addressing issues that relate to the Native American population. This includes placing greater emphasis on establishing lines of communication with tribal leaders and tribal veterans' representatives before finalizing plans or programs for Native American veterans on Indian reservations. I will encourage all of the newly established Veterans Integrated Services Networks (VISNs) to include tribal representatives on their Management Assistance Councils.

The Center for Minority Veterans assisted the Navajo nation to refurbish and dedicate a display honoring the Navajo Code Talkers at the Pentagon. We recently conducted town hall meeting on four islands in Hawaii, in South Dakota with the nine Sioux tribes, in Muskogee, Oklahoma, with the veterans from the five civilized tribes, and in Washington and Oregon with Native American veterans. We will conduct meetings in Alaska this summer and at other sites throughout the coming years.

NATIVE AMERICAN DATABASE

One of our major goals concerning improving services to Native American veterans is to establish a reliable data base of information about these veterans. The Center for Minority Veterans has formed a Demographic Studies Working Group to identify information and data requirements and data sources for such a database. They are working with the National Center for Veterans Statistics and Analysis to obtain information from the Census Bureau, Defense Manpower Agency and other sources. The Puget Sound Health Care System has developed a program to identify and monitor outcomes regarding Native American Indian inpatient and outpatients. This includes notifying a coordinator when a Native American veteran enters treatment so that he or she can assess the specific cultural needs of the patient.

Mr. Chairman, these efforts have brought us closer to veterans and them closer, much closer to VA medical care, benefits and services. We have improved significantly over the years, yet, we realize that there is still much work to be done. We remain strongly committed to ensuring that special needs of special population veterans are being met daily, not as an exception, but as a way of business.

This concludes my testimony, Mr. Chairman. I am prepared to answer any questions from you or members of the Committee.

ATTACHMENT A

EXAMPLES OF VET CENTER OUTREACH EFFORTS

- * Staff from the Buffalo, New York, Vet Center travel monthly to the Cattaraugus Reservation of the Seneca Nation to provide ongoing counseling and case management services.
- * The Bangor, Maine, Vet Center provides semi-annual outreach to the Passamaquoddy at Princeton and Pleasant Point, and to the Penobscot Nation in Old Town. Monthly outreach contacts are maintained with the Central Maine Indian Association which represents off-reservation Indians in central Maine.
- * Staff from the Sioux Falls, South Dakota, Vet Center provide bi-weekly outreach and office hours to the Lower Brule and Ft. Thompson Indian reservations. Services include benefits information, employment counseling, and psychological education and counseling. Staff also provide case management, referrals and participate in veteran forums and health fairs twice a year on the reservation.
- * The Rapid City, South Dakota, Vet Center outreaches bi-weekly to the Pine Ridge and Rosebud Reservations. Services include direct war-trauma counseling as well as benefits information and referrals. Staff also attend all interagency tribal events for veterans.
- * The St. Paul, Minnesota, Vet Center provides ongoing outreach and counseling to urban Indians living in the twin cities. Staff also travel to outreach Indian populations in St. Cloud, Minnesota and the Prairie Island Reservation. Staff conduct groups on addiction and psycho-educational issues related to war-trauma, as well as case management and basic needs information.
- * Mr. Harold Barse, a Native American counselor, at the Oklahoma City, Oklahoma, Vet Center has been actively involved in outreach to area Indian groups since the onset of the Vet Center program in 1979. Currently this Vet Center maintains ongoing outreach, networking and direct service activities through the Intertribal Veterans Association. These efforts are targeted at Pow-Wows, sweat lodge and other cultural ceremonies. These outreach initiatives have resulted in over 200 individual and group counseling visits to Native American Veterans for this calendar year.
- * Mr. Ronald Paul, a native Tlingit from Alaska, is a counselor at the Anchorage, Alaska, Vet Center devoted full-time to providing outreach and counseling to local American Indian communities. Among Mr. Paul's regular outreach connections are the Hoonah Indian Association, the Tlingit and Haida Annual Conventions, the Alaska Federation of Natives Convention, and Alaska Native Veterans The Day Gatherings. He also travels widely to rural areas to network with various village representatives. Services provided include PTSD and

substance abuse counseling, benefits assistance, family assistance and education, referrals of homeless veterans to the VA Domiciliary, and general case management and referral.

* The team leader of the Salem, Oregon, Vet Center participates as an active member on the Portland, VA Medical Center's Advisory Counsel for American Indian Veterans and the Northwest Interagency Policy Council for American Indian Veterans. The Council meets semi-annually and includes representatives from the major Indian tribes in Oregon, Washington and Idaho. This Vet Center also maintains twice monthly travel to outreach and provide services on the Warm Springs Reservation.

* The Eureka, California, Vet Center maintains ongoing and regular contact with the Hoopa Valley Reservation. Activities include on-site provision of readjustment counseling and case management as well as attendance at major cultural events. The latter events include participation in the annual Hoopa Health Fair, the Hoopa Sovereign Day Celebration and the Veterans' Memorial Dedication.

ATTACHMENT B

EXAMPLES OF VA MEDICAL FACILITY OUTREACH EFFORTS

* The Albuquerque VA Medical Center (VAMC) Native American Outreach Program, focuses on visiting tribal offices in New Mexico & Eastern Arizona. The Gallup Psychiatric Residential Rehabilitation and Treatment Program is specifically designed for Native Americans suffering from substance abuse.

* The Fort Meade (Black Hills Health Care System [HCS]) Substance Use Disorder/PTSD (SUPT) Program, currently handles a caseload that is 25% Native American. There is regular outreach to three surrounding reservations and visits to traditional gatherings. There is a sweat lodge at the SUPT that is operated by a Lakota combat veteran. Fort Meade also has a Compensated Work Therapy (CWT) program on the reservation at McLaughlin, SD. It is the first CWT program to specifically serve Native American veterans. There is also a Veterans Industries rehabilitation/substance abuse treatment program at the Standing Rock Reservation (Black Hills HCS).

* The Coatesville VAMC Specialized Inpatient PTSD Program, incorporates Native American traditions into their treatment.

* VA Puget Sound Health Care System (Seattle Division) The addictions treatment center has a halfway house contract with the Thunderbird Center, which is operated by Native Americans and is a part of the Seattle Indian Health Board. There is an American Indian research project at the Seattle VA which is co-sponsored with the University of Washington.

- * The Leavenworth VAMC has an interagency sharing agreement with the Kickapoo Nation Health Clinic in Horton, KS, for both veteran and non-veteran Native Americans. This program provides outpatient medical/surgical, mental health and dental treatment to Native Americans. In addition, the Leavenworth and Topeka VAMCs have a Native American chaplain on a fee basis appointment to provide for the religious needs of Native American patients.
- * The Albuquerque, Prescott and St. Cloud VA Medical Centers, have specialized substance abuse programs that include sweat lodges. The St. Cloud VAMC has a part time staff person who is an addiction therapist and a Medicine Man.
- * VA's El Paso Outpatient Clinic also has a special substance abuse program for Native American veterans.
- * The Boise VAMC has a sharing agreement with the Duck Valley Reservation and the Indian Health Service to provide mental health services for veterans and non-veterans.
- * The Milwaukee VAMC has culturally based programs for native American veterans who are in PTSD and substance abuse groups. They also outreach to northern Wisconsin reservations for substance abuse and PTSD services. These programs incorporate both western and traditional Native American approaches.
- * At any given time the Denver VAMC PTSD program has 3-5 American Indian veterans who participate in social and ceremonial activities at Native American community centers such as Eagle Lodge, an American Indian drug and alcohol rehabilitation center, and the Denver Indian Center, which provides sweat lodge ceremonies and POW WOWs. The VA PTSD program also has a Native American staff member who conducts ceremonies with Indian patients and provides culturally compatible counseling.